



Job Loss Insurance Claim

1. Job Loss Insurance Claim

When should a Job Loss Insurance claim be made?

- If you are insured under: Payment Protector Insurance for CIBC Personal Loans; or CIBC Mortgage Disability Insurance Plus; **and**
- Your employment stops or is suspended as defined in your Certificate of Insurance; **and**
- You have completed the mandatory wait period following the date of your job loss as defined in your Certificate of Insurance and you did not return to work before the next regular payment following the wait period.

What information is required for a Job Loss Insurance claim?

- Your Record of Employment filed with Human Resources and Skills Development Canada; and
- Your proof of Employment Insurance or Strike Pay (Union Letter); and
- Your proof of unemployment benefits or copy of the Service Canada letter regarding severance package; and
- The following sections of this claim form: **Claimant Statement** and the **Employer Statement**.

How to find the account number?

- Sign on to CIBC Online or Mobile Banking and go to "My Accounts".
- View your statements.
- Contact your banking centre advisor

Where to submit the claim forms?

- **Email:** Call the Creditor Helpline at 1 800 465-6020 to set up secured email.
- **Mail:** CIBC Insurance, PO Box 3020, Mississauga STN A, Mississauga, ON L5A 4M2

Note: Any missing information may cause your claim to be delayed.

2. What happens after a Claim is submitted?

- You are responsible for your Loan and Mortgage Loan payments and insurance premiums until the claim is approved; any payment eligible after satisfying your applicable wait period will be reimbursed;
- You will be advised if further information is required to process your claim;
- On approval of your claim, the Insurer will make your benefit payments to CIBC as long as you continue to qualify for benefits. A notice will be sent to you indicating the payment(s) made on your behalf and the date to which payment(s) may continue;
- If your claim is denied the Insurer will advise you in writing.

Do you need more information?

- Refer to your Certificate of Insurance for information about the terms, conditions, limitations, exclusions and other provisions of your coverage.
 - **Call the Creditor Helpline at 1 800 465-6020**
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3. Your Privacy Matters - a note from the Insurers

- Creditor Insurance for CIBC Personal Loans and CIBC Mortgage Disability Insurance Plus are underwritten by **The Canada Life Assurance Company** ("Canada Life"). All plans are administered by CIBC and Canada Life, and are subject to certain terms, conditions, limitations and exclusions, which are set out in the Certificates of Insurance, which are provided upon enrolment. You may contact Canada Life at www.canadalife.com or 1 800 387-4495.
- When you requested coverage for your Personal Loan or Mortgage Loan, you gave the insurer personal information about yourself, which the insurer added to a client file. The purpose of this file, which is strictly confidential, is to allow the insurer and their reinsurers to conduct all the necessary business of insurance, including, setting fair premiums, receiving payments, assessing and paying claims, and keeping you informed of the status of your coverage. The insurer keeps client files at their head office or at another location authorized by the insurer.
- Only authorized personnel have access to personal information about you. In some instances these persons may be located outside Canada, and your personal information may be subject to the laws of those foreign jurisdictions. If you want to know or correct any personal information in your claim file, just call the Creditor Helpline at 1 800 465-6020 and we will be happy to assist you.

4. Claimant Statement

Preferred language of correspondence English French

Information about Lending Product(s)

Please complete the information below for each lending product (Personal Loan, Mortgage Loan)
(Attach additional lending product(s) if more than 4.)

Lending Product 1	Account Number	Lending Product 2	Account Number
Lending Product 3	Account Number	Lending Product 4	Account Number

Information about the Banking Centre (optional)

Banking Centre Officer Name _____ Transit _____

Address _____ Branch Telephone Number _____ Ext. _____

Information about Claimant

Title _____ First Name _____ Initial(s) _____ Last Name _____

Mailing Address (Number and Street) _____

City _____ Province/Territory _____ Postal Code _____

Telephone Number _____ Cell Number (optional) _____ Email Address (optional) _____

Date of Birth (Month day, year) _____ Gender _____ Occupation at date of Unemployment _____

Brief job description _____

Self-Employed Yes No

Employment Type (Full-time, Part-time, Contract, Seasonal, Temporary) _____

If seasonal, regular months of employment From: _____ To: _____

Name of Employer at time of Unemployment _____

Address (Number and Street) _____

City _____ Province/Territory _____ Postal Code _____

Telephone Number _____ Ext. _____ Start date of employment (Month day, year) _____ Last day worked (Month day, year) _____ Date or Expected date of return to work (Month day, year) _____

Are you currently receiving or will you become entitled to receive any benefits by reason of your unemployment from any of the following?
(Check all that apply)

Other group insurance coverage Provide company name and policy no. _____

Individual insurance coverage Provide company name and policy no. _____

4. Claimant Statement (continued)

Provide a list of all employers you have worked for in the six (6) months prior to taking your insurance along with the number of hours worked each week. (*Attach additional page if more than 4.*)

1.	Name of Employer	Total hours worked each week
	<input type="text"/>	<input type="text"/>
	Address (Number and Street)	
	<input type="text"/>	
	City	Province/Territory
	<input type="text"/>	<input type="text"/>
		Postal Code
	<input type="text"/>	<input type="text"/>
2.	Name of Employer	Total hours worked each week
	<input type="text"/>	<input type="text"/>
	Address (Number and Street)	
	<input type="text"/>	
	City	Province/Territory
	<input type="text"/>	<input type="text"/>
		Postal Code
	<input type="text"/>	<input type="text"/>
3.	Name of Employer	Total hours worked each week
	<input type="text"/>	<input type="text"/>
	Address (Number and Street)	
	<input type="text"/>	
	City	Province/Territory
	<input type="text"/>	<input type="text"/>
		Postal Code
	<input type="text"/>	<input type="text"/>
4.	Name of Employer	Total hours worked each week
	<input type="text"/>	<input type="text"/>
	Address (Number and Street)	
	<input type="text"/>	
	City	Province/Territory
	<input type="text"/>	<input type="text"/>
		Postal Code
	<input type="text"/>	<input type="text"/>

4. Claimant Statement (continued)

Claimant Authorization To Release Personal Information (optional)

If you wish to authorize someone other than yourself (such as a family member or friend) to communicate with The Canada Life Assurance Company (Canada Life) on your behalf with respect to your claim, please complete this Authorization Form. Communication will be limited to matters related to the claim for benefits. This authorization shall remain valid for the duration of the claim for benefits or until otherwise revoked by you. A reproduction of this authorization shall be as valid as the original.

I authorize Canada Life to communicate personal information that relates to my claim for benefits with:

Title	First Name	Initial(s)	Last Name
Mailing Address (Number and Street)			
City		Province/Territory	Postal Code
Telephone Number	Cell Number (optional)	Email Address (optional)	
Relationship			

Please select one option (If no selection, medical information will not be released to the authorized appointed person.)

- Excluding medical information Including medical information

Signature and Authorization (must be completed by the claimant)

- I certify that the statements in this form are true and complete.
- I understand that The Canada Life Assurance Company will investigate my job loss claim under Creditor Insurance for CIBC Personal Loans or CIBC Mortgage Disability Insurance Plus.
- I authorize the insurer, its agents and service providers to collect, use and exchange personal information about me needed by it for administration and adjudication of claims and by CIBC for the purpose of administering my claim under these Group Policies, with any person or organization who has relevant information pertaining to this claim, including health professionals, institutions, investigative agencies, insurers and reinsurers and administrators of government benefits and other benefits programs.
- For mortgage insurance claims: I authorize the use of my information collected in relation to this mortgage insurance claim for the purposes of reviewing and administering any other coverage I may have with respect to the insured mortgage.
- Canada Life may contact me using the contact information I have provided above, for the purposes of administering this claim.

A photocopy of this authorization is as valid as the original and shall continue to have effect throughout my claim.

_____	_____	X	_____
Date (Month day, year)	Name of Claimant		Signature (sign within box)

5. Employer Statement

To be completed by the Employer for whom you were working at commencement of unemployment.

Information about Employer

Name of employer

Mailing address (Number and Street)

City

Province/Territory

Postal Code

Information about Claimant

Title First Name Initial(s) Last Name

Occupation as of last day worked

Number of hours worked per week Type of position (Full-time, Part-time, Contract, Seasonal, Temporary) If seasonal, provide months of employment (inclusive)
From: To:

Commencement date of employment (Month day, year) Date last worked (Month day, year) Date employee was notified of unemployment (Month day, year) Date expected OR returned to work (Month day, year) Return to work is/will be (Full-time, Part-time, Contract, Seasonal, Temporary)

Reason for discontinuing work

Unemployment is (Temporary, Permanent) Did employee receive severance? Yes No If Yes, date severance ends (Month day, year)

Information about Authorized Officer of the Employer

Title First Name Initial(s) Last Name

Position

Telephone Number Ext. Fax Number Ext. Email

Signature and Authorization (must be completed by the authorized officer for the employer)

I certify that according to the records of this organization the above information is correct.

X
Date (Month day, year) Name Signature (sign within box)

Please return this form to your employee/previous employee.